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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | | 10/590,045 | | | | | | | | | |
|---|----------------------|---|---|--------------|------|---------------------|------|---------------------|--|--|--|--|
| | Filing Date | | February 18, 2005 | | | | | | | | | |
| | First Named Inventor | | Yasuo SUDA | | | | | | | | | |
| | Title | | CARBOHYDRATE-LIGAND CONJUGATES AND THEIR APPLICATION FOR THE, etc. | | | | | | | | | |
| | Art Unit | | Not Yet Assigned | | | | | | | | | |
| | Examiner Name | | Not Yet Assigned | | | | | | | | | |
| | | Attorney Docket No. | | 247322003800 | | | | | | | | |
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | | | | |
| I hereby appoint: | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 20872 | | | | | | | | | | | | |
| <input type="checkbox"/> OR <input type="checkbox"/> Practitioner(s) named below: | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 30%;">Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name | Registration Number | Name | Registration Number | | | | |
| Name | Registration Number | Name | Registration Number | | | | | | | | | |
| | | | | | | | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | | | | | | |
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| OR | | | | | | | | | | | | |
| <input type="checkbox"/> The address associated with Customer Number: | | | | | | | | | | | | |
| OR | | | | | | | | | | | | |
| <input type="checkbox"/> Firm or Individual Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City | | State | Zip | | | | | | | | | |
| Country | | Telephone | Email | | | | | | | | | |
| I am the: | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant/Inventor. | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | | | |
| Signature | | | | Date | | | | | | | | |
| Name | | Hiroki Yoshida | | Telephone | | | | | | | | |
| Title and Company | | President, NATIONAL UNIVERSITY CORPORATION KAGOSHIMA UNIVERSITY | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". | | | | | | | | | | | | |
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2 of 2

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| OR | | | | | | | | | | | | |
| <input type="checkbox"/> Firm or Individual Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City | | State | Zip | | | | | | | | | |
| Country | | Telephone | Email | | | | | | | | | |
| I am the: | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant/Inventor. | | | | | | | | | | | | |
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| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | | | |
| Signature | | ✓ <i>Michio Obara</i> | | Date | | | | | | | | |
| Name | | ✓ Michio Obara | | Telephone | | | | | | | | |
| Title and Company | | ✓ 81 48 226 5601 | | | | | | | | | | |
| Executive Director, JAPAN SCIENCE TECHNOLOGY AGENCY | | | | | | | | | | | | |
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